

Kidney Disease and African Americans

By Kauthar B. Umar, MA

Closing the Gap, Diabetes • September/October 2002

Late last year, in response to the millions of Americans with kidney disease, the National Institute of Diabetes & Digestive & Kidney Disease (NIDDK) launched a new program—the National Kidney Disease Education Program (NKDEP).

Modeled after the Federal National High Blood Pressure Education Program and National Diabetes Education Program, NKDEP's initial focus will be on African Americans at high risk for, or undiagnosed with, kidney disease—primarily those with diabetes, hypertension, and or a family history of kidney failure. The program will also target the primary care clinicians who treat them.

NKDEP chose to focus on African Americans first because the rates of kidney disease are highest among this population than any other racial or ethnic group. "African Americans have kidney disease about four times greater than the White population. In males between 20 and 40, it's almost 20 times more," said Dr. Tom Hostetter, NKDEP director. "It's increasing in all populations. It's just much higher among African Americans."

Today, diabetes is the leading cause of kidney disease. More than 8 million Americans have seriously reduced kidney function, and nearly 400,000 require dialysis or a kidney transplant to stay alive. The number of people developing kidney failure has doubled each decade for the last two decades, according to data published by the NIDDK.

Studies show that low protein diets, blood glucose and blood pressure control can significantly reduce the risk of kidney compli-

cations. However, despite advances in treatment and prevention, only a small fraction of people at serious risk, or with established but early kidney disease are receiving proper screening or treatment.

The program is designed to raise awareness about the importance of prevention, early diagnosis, and the appropriate management of kidney disease and its complications. Other NKDEP activities include working towards improving laboratory reporting of kidney function, and developing clinical tools for primary care providers. NKDEP has also created a compendium of existing educational programs and resources on chronic kidney disease for use by consumers, providers and other health professionals.

Phase one of the program, which is scheduled to roll out in January 2003, will be to conduct educational campaigns in four pilot sites—Baltimore, MD, Atlanta, GA, Jackson, MS, and Cleveland, OH. These pilot sites will enable the program to identify successful strategies for a broader national campaign.

"There is a very high incidence of kidney failure in these four areas, in part because many African Americans live there, and in part for reasons we just don't know yet," said Dr. Hostetter.

In its second phase, NKDEP will broaden its focus and target other racial and ethnic groups—specifically the American Indian and Hispanic communities.

For additional program information, go to <http://www.nkdep.nih.gov> or contact Mimi Lising at 301-496-3583 or Tom Hostetter at 301-594-8864. ❖

